

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>LM</i>		10-22-01
O.I.P.E. CLASSIFIER	<i>MM</i>		11-2-01
FORMALITY REVIEW	<i>SA</i>	1085	11-20-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	4-4-03
2	5-12-03
3	11-22-03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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